

January 21, 2003

## NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M2-03-0527-01-SS**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on \_\_\_ external review panel. This physician is board certified in neurosurgery. \_\_\_ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, \_\_\_ physician reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a 57 year-old male who sustained a work related injury on \_\_\_. The patient reports that he slid down a ladder and hit his foot causing the pain in his back. The patient underwent an MRI, an EMG, CT Myelogram, and lumbar discogram. The patient has been diagnosed with degenerative discs and joint disease of the lumbosacral spine and mild to moderately severe right-sided radiculopathy of the region L4 and/or L5. The patient has been treated with chiropractic manipulations, facet, epidural, and trigger point injections. The patient has also been treated with oral pain medications.

### Requested Services

Lumbar TLIF.

### Decision

The Carrier's denial of authorization for the requested services is upheld.

### Rationale/Basis for Decision

\_\_\_ physician reviewer concluded that the requested Lumbar TLIF is not medically necessary to treat this patient's condition. \_\_\_ physician reviewer noted that the patient sustained a work related injury on \_\_\_. \_\_\_ physician reviewer also noted that the patient has been treated with chiropractic manipulation, facet, epidural and trigger point injection and oral pain medications. \_\_\_ physician reviewer further noted that the patient had undergone a Lumbar Discogram. \_\_\_ physician reviewer explained that the discography was negative showing mild discordant back

pain with injection of the spinal disc. \_\_\_ physician reviewer also explained that the rationale for the requested TLIF surgery was lacking in the medical documents provided for review. (Christiansen; Spine: 2002). Therefore, \_\_\_ physician consultant has concluded that the Lumbar TLIF is not medically necessary to treat this patient's condition.

This decision is deemed to be a TWCC Decision and Order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10 (ten)** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20 (twenty)** days of your receipt of this decision. (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

### **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2)).

Sincerely,

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I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 21st day of January 2003.